



Check Request Form



Please e-mail completed form to pfo@saintsimon.org for prompt processing.

Note: All check requests require documentation (invoice / receipts), or it will be returned.

Date of Request: _____

Contact Number: _____

Amount of Check: _____

Payable to: _____

Mailing Address: _____

(Street Address, City, Zip)

Check One: Mail Check
Return to: _____

Description of Purchase: _____
(i.e. "Event Name or Event Date")

Comments / Notes: _____

PFO | Business Office Use Only

Account Number Required:

Account #: _____ \$ _____

Account #: _____ \$ _____

Account #: _____ \$ _____

Requested by: _____

Approved by: _____

Check request will be paid within 20 days of receipt.